

NAME: _____

OFFICE USE ONLY

Station Assignment _____

ID Number _____

Radio Number _____

Hire Date _____

MEMBERSHIP APPLICATION

Driver's License _____

Proof of Insurance _____

High School Diploma/GED _____

Driving Record _____

10965 E. State Highway 76

Branson West, MO

417-272-1510





**Southern Stone County Fire Protection District
Application & Personnel Information Record**

Official Use Only

Employee I.D. Number: _____
Station Assignment: _____
Rank: _____

Date: _____

Name: _____
Last First Middle

DOB: _____ Height: _____ Weight: _____ Hair: _____ Eyes: _____ Sex: M F

Blood Type: _____ Allergies: _____

Address: _____ City: _____ State: _____ Zip: _____
(911 Address)

Mailing Address: _____ City: _____ State: _____ Zip: _____
(If Different Than 911 Address)

E-Mail Address: _____ Drivers License #: _____ State: _____ Expiration Date: _____
(Personal or Business)

Phone: () _____ () _____ () _____ () _____
Home Business Cell Pager

Spouse's Name: _____
Last First Middle

Beneficiary: _____ Relationship: _____
Last First

Emergency Contact: _____ Phone: _____
Last First Home Alternate

Hospital Choice: _____ Doctor: _____

Phone: () _____ Alternate Phone: () _____
(Doctor's Phone) (Doctor's Alternate Phone)

Convicted of Criminal Offense(s)?: _____ If "Yes," provide details of any and all convictions: _____

Do you own a vehicle? _____ Insured?: _____ Attach copy of proof of insurance: _____

High School Diploma? _____ G.E.D.?: _____ Attach copy of diploma or equivalent: _____

**All information will be treated as confidential
(OVER)**



**Southern Stone County Fire Protection District
Application & Personnel Information Record**

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Employee I.D. Number: _____

Station Assignment: _____

Rank: _____

Related Experience

Any prior service on a Fire Dept. or District? _____ Date(s) of Service: _____

Name of Department/District: _____

Current Certification(s), if any: _____

Previous Fire Training: _____

Any other relevant training and/or specialized equipment operation experience?: _____

Comments: _____

Valid CPR: YES NO Expiration Date: _____

EMS Certification: YES NO EMS Certification Type: _____ Expiration Date: _____

I hereby certify that the information provided in the Application for Volunteer Firefighter("Application") is true and complete to the best of my knowledge. I authorized the investigation of all statements contained in the Application, as determined necessary by the District. I further understand that any false and /or misleading information provided in my Application shall constitute a falsification of district document and may result in my ineligibility for employment, or, if discovered following my employment, in my discharge. If employed, I understand that I am required to abide by all the rules and regulations of the District, and that my relationship with the District shall be considered to be of an "at will nature"

Signature: _____ Date: _____

All information will be treated as confidential